STATE OF ARIZONA			CERTIFICATE NO	o
} ss County Of Maricopa			DOCKET NO	
pursuant to Department of He	EPARTMENT OF HEALTH SI alth Services rules, that public n	ecessity requires the opera	tion of	
as a ground BL		vice in the State of Arizona		
sick, injured, wounded or others and response times:	-		_	-
1. Service Area: Color communic	ado City Fire District and ties of Moccasin, Kaiba			
2. Central Operations S	tation: Colorado City	Arizona (40 South I	Pioneer Road).	
3. Response Times:	OF			
	on seventy (70) percent			
b. Thirteen (13) minu	ites on ninety-five (\$3) in in its on one hundred	ercent of all ambul		
			RZO Q	
Now, therefore, by vir and laws of the State of Arizon	tue of the authority vested in a, does hereby grantithis	n the Arizona Departme	int of Health Servi	ces, under the constitution
	CERTIFICATI	OF NECES	SITY	
authorizing the operation of the unless for cause sooner amen Department.	aforesaid ambulance servided, suspended, revoked of	ce for a period ending _ or terminated subject to		per 30, 2006 d orders, and rules of the
PROVIDED, that this of Health Services.	certificate shall not be assi	gned nor transferred u	nless authorized b	y the Arizona Department
Address of the second	<b>.</b>			
S R AND S				F HEALTH SERVICES, IN
	hand and cau	the Arizona Departme	he Arizona Departi	R. EDEN es, have hereunto set my ment of Health Services
William Milloreto			$\bigcap$	